

ALASKA CERTIFICATE OF COMPLIANCE FORM

Date: _____

Company GROUP Name: _____

Company GROUP NAIC Number: _____

Filing ID Number: _____

I certify that I have consulted the WEBSITE of the Alaska Division of Insurance before submitting this filing. I understand that if this filing does not comply with the requirements noted in the appropriate checklist, the Division may take appropriate administrative actions against the above named company.

Filing Analyst Name: _____

Filing Analyst Signature: _____

Responsible Officer's Title: _____

Responsible Officer's Name: _____

Responsible Officer's Signature: _____